RETIRED JUDGES INFORMATION

Return completed form to: State Court Administrative Office, Administrative Support Division, PO Box 30048, Lansing, MI 48909

Last namo	Eirst name		Middle initial	Suffix	Par no
Last name	First name		iviluale iffitial	Suifix	Bar no. P-
Mailing address	City		State	Zip	E-Mail address
Home telephone no.	Business telephone no.	FAX no.	Home c	ounty	
()	()	()			
Retirement date	Name of court retired from				
Check the following that app 1. I belong to the Michigan Ju		uired information.	Attach addition	onal she	eets if necessary.
□ I belong to the following re					
a director, officer, manager, adv compensation from that business of judicial assignment. In addition you have acted as a mediator.	ving as a visiting judge under specificor, or employee of a business, and be disqualified from hearing in, you must disqualify yourself fro	you must take a le any matter related to	ave of absence the interests of	from tha that busir	at position, receive no ness during the period
3. I am currently employed w	th Name of organization				
at	radine of organization		36		
at as as Position					·
Court levels willing to serve at District Court Times of unavailability Note: SCAO Judicial Assignment be assigned to act as a judge be I certify that I am a reside fim nor am I an elected of practice of law or serve a elected to an office of ano accept any further assign	Circuit Court Probate Int Guidelines, Section O(1)(a) state y the State Court Administrator ur CERTIFINATION OF THE PROBABLE	Court	dge who engage is granted by the employed in an and that I may no lge. If I begin thurt Administraticate Bar of Mich	s in the pe State Contact be engine practicly office ligan. It	Municipal Court practice of law will Court Administrator." capacity by a law gaged in the ce of law or am e and will not understand that I
may be required, under C	anon 6C of the Michigan Code	of Judicial Conduct	, to file a financi	al report	t with the SCAO.
Date	Judge's	signature			
	ce of law or associated with a la rent from above, are provided be		apacity. The national practice indep		•
Name of firm or employer			Telephone no.		FAX no.
Address		City		S	State Zip
8. Other comments:					
Date	J	udge's signature			

Notice: On occasion, court related organizations seek access to mailing addresses of former judges. The SCAO will provide mailing lists after evaluating the reason for the request.